P.O. Box 12070

	OFFICEHOLDER INANCE REPORT	RECEIVE CITY OF SAN A CITY CLEF	NTONIO	FORM COVER SH	C/OH HEET PG 1
The C/OH Instruction Gu	UIDE explains how to complete this form	2003 A Recount #	41 2 4-02	2 Total pages th	•
3 CANDIDATE /	TITLE FIRST	- 70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 	MI	OFFICE L	JSE ONLY
OFFICEHOLDER NAME	Mr. Richard NICKNAME LAST Perez		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 9302 Conde Dr.	CITY; STATE;	ZIP CODE		· · · · · · · · · · · · · · · · · · ·
Change of Address	San Antonio TX 78224			Date Hand-delivere	d or Date Postmarked
5 CAMPAIGN TREASURER	TITLE FIRST Mr. Jose		MI		
NAME	NICKNAME LAST		SUFFIX	Receipt #	Amount
	Perez		SUFFIX	Date Processed	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); AI	PT / SUITE #; CITY;	STATE;	Date Imaged ZIP CODE	
TREASURER ADDRESS (Residence or business)	6114 Windy Forest San Antonio TX 78239	7773372%, 3777,	orare,	211 0001	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENS	SION		
8 REPORT TYPE	January 15 30th day before		led \$500 limit	15th day after car appointment (office Final report (Attac	ceholder only)
9 PERIOD COVERED	Month Day Year 04/04/2003	THROUGH	onth Day 04/23/20	Year	
10 ELECTION	Month Day Year U5/03/2003	TION TYPE Primary Runoff	X	General	Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE Other	E SOUGHT (if known City Counci	District 4	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign expenditures. Name				
INDIVIDUALS					
additional pages	Address/PO Box; Apt. / Suite #; City; S	State; Zip Code			
	GO	TO PAGE 2			

(512)463-5800

P.O. Box 12070

CANDIDATE / OFFICEHOLDER REPORT BECEIVED FORM C/OH COVER SHEET PG 2 CITY CLERK **SUPPORT & TOTALS** 14 C/OH NAME 15 ACCOUNT # (Ethics Commission filers) Mr. Richard Perez 1920 This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may 16 NOTICE have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this FROM information only if they receive notice of such expenditures. .. **POLITICAL** COMMITTEE NAME COMMITTEE TYPE COMMITTEE(S) Southtrust Bank - Committe for Good Government GENERAL COMMITTEE ADDRESS 100 St. Cloud San Antonio TX 78228 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME Mr. Ladd Roberts additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 100 St. Cloud San Antonio TX 78228 17 NO REPORTABLE ACTIVITY Check here if no reportable activity occured during this reporting period. (Sign affidavid below and submit pages 1 and 2 only.) **18 CONTRIBUTION** TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 0.00 PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **TOTALS TOTAL POLITICAL CONTRIBUTIONS** 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3300.00 **EXPENDITURE** TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ **TOTALS** 0.00 **TOTAL POLITICAL EXPENDITURES** 7986.12 **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 0.00 19 AFFIDAVIT William Comments NORA GAA I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15 Election Code Signature of Candidate or Officeholder Sworn to and substituted before me, by the said , this the \mathbf{a}^{W} dav to certify which, witness my hand and seal of office. officer administering oath of Nicer Signagture of Printed name of officer

Austin, Texas 78711-2070 RECEIVED

1-800-325-8506

SUPPORT &	E / OFFICE & TOTALS	HOLDER REPORT¥ 0F CI	FSAN ANTONIO FY CLERK		FORM C/OH
C/OH NAME Mr. Richard Perez		2003 APR	24 PH 12: 0	ACCOUNT 1920	# (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	les political expenditures by political committees nout the candidate's or officeholder's knowledge or receive notice of such expenditures.	to support the candidate or consent. Candidates an	/ officeholder. d officeholder	These expenditures may s are required to report this
``	COMMITTEE TYPE	COMMITTEE NAME Deputy Sheriff's Association of Bexar Co	unty PAC		
	X GENERAL	COMMITTEE ADDRESS 909 Broadway	San Antonio	TX	78215
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Tomas Arrendondo			
		COMMITTEE CAMPAIGN TREASURER ADDRESS 909 Broadway	San Antonio	TX	78215
		I			

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS

RECEIVED
OTHER THAN PLEDGES OR LOANSCITY CLERK

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

1-800-325-8506

	401	3 APR 24 PM	2:02	
The INSTRUCT	on Guide explains how to complete this form.	DO ALIVET III	1 Total pages this 4/13	
FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
Date	5 Full name of contributor ut-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/11/2003	6 Contributor address; City; State; Zip Code 319 W. Kings Highway		100.00	
	San Antonio TX 78212			
Principal occu	pation (Optional)	10 Employer (Optiona	ai)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2003	Contributor address; City; State; Zip Code 8 W. Oak St.		100.00	
	Alexandria VA 22301			
Principal occu	pation (Optional)	Employer (Optiona	ai)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable
04/11/2003	Contributor address; City; State; Zip Code 9400 Lakeview Parkway Suite 102 Rowlett TX 75088		375.00	Signs for Election Day
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID# Deputy Sheriff's Association of Bexar County PAC)	Amount of contribution (\$)	In-kind contribution description (if applicable
04/18/2003	Contributor address; City; State; Zip Code 909 Broadway		250.00	
Principal occu	San Antonio TX 78215 pation (Optional)	Employer (Option	al)	
D-1-	Tollows of contributes [7] and of state DAC((DH		Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC(ID# Mr. Ernesto Gomez	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Code 10119 Pemhaven		200.00	
04/22/2003			I .	•
04/22/2003	San Antonio TX 78240			<u> </u>

POLITICAL CONTRIBUTIONS P.O.Box 12070 Austin, Texas 78711-2070 RECEIVED CITY OF SAN ANTONIO

SCHEDULE A 1

The Instruction	ом Guide explains how to complete this form.	APR 24 PM 12:	1 Total pages this of 5/13	
FILER NAME Mr. Richard			3 ACCOUNT#	(Ethics Commission Wers)
Date	5 Full name of contributor ut-of-state PAC(ID# Ms. Edie Gale Johnson)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/15/2003	6 Contributor address; City; State; Zip Code P.O. Box 241471		100.00	
	San Antonio TX 78224			l
Principal occup	pation (Optional)	10 Employer (Options	al)	
Date	Full name of contributor out-of-state PAC(ID# Mr. Sam Mammen)	Amount of contribution (\$)	In-kind contribution description (if applicable
04/04/2003	Contributor address; City; State; Zip Code P.O. Box 790171		200.00	1
	San Antonio TX 78279			<u> </u>
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor ut-of-state PAC(ID# Mr. Jack Melito		Amount of contribution (\$)	In-kind contribution description (if applicable
04/09/2003	Contributor address; City; State; Zip Code 800 S. Washington St.		500.00] [
	Alexandria VA 22314			
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable
04/06/2003	Contributor address; City; State; Zip Code 5101 Prairie Dunes Dr.		50.00	
	Austin TX 78747			
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable
04/22/2003	Contributor address; City; State; Zip Code 8103 Nufy Ridge		100.00]]
	San Antonio TX 78209			
Principal occu	pation (Optional)	Employer (Option	al)	

RECEIVED CITY OF SAN ANTONIO

I DO INSTRUCT	LUNUJ	APR 24 PM 12	1 Total pages this i	report:
····			6/13	
FILER NAME Mr. Richard			3 ACCOUNT#	(Ethics Commission filers)
Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
04/21/2003	6 Contributor address; City; State; Zip Code 8029 Kidwell Town Court		350.00	
	Vienna VA 22182]
Principal occur	pation (Optional)	10 Employer (Option	ai)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
04/21/2003	Contributor address; City; State; Zip Code 8029 Kidwell Town Court		400.00	
	Vienna VA 22182			<u> </u>
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
04/07/2003	Contributor address; City; State; Zip Code 100 St. Cloud		500.00	}
	San Antonio TX 78228	:		! [
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
04/09/2003	Contributor address; City; State; Zip Code 518 Stimmel Dr.		75.00	
	San Antonio TX 78227			!
	ipation (Optional)	Employer (Option	ai)	

POLITI	CAL EXPENDITURES	CITY OF SAN	VED LANTONIO SCI LERK	HEDULE F
The Instruction	אס Guide explains how to complete this form.	2003 APR 24	M 12: 02 1 Total pages report: 7/13	
2 FILER NAME Mr. Richard			3 ACCOUNT # (Ethics 1920	Commission filers)
4 Date 04/11/2003	 5 Payee name Mrs. Adela Gonzales 6 Payee address; City; State; Zip Code 1931 W. Huisache San Antonio TX 78201 			Amount (\$) 263.59
information rec	penditure (See instructions regarding type of quired.) ent for Printing,Campaign Decorations &	9 Complete if direct expo Candidate / Officeholder n	enditure to benefit C/OH * ame Office sought	• Office held
Date 04/22/2003	Payee name Mrs. Adela Gonzales Payee address; City; State; Zip Code 1931 W. Huisache San Antonio TX 78201			Amount (\$) 502.95
information red	penditure (See instructions regarding type of quired.) ent for van rentals,decorations,& Admin	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH * lame Office sought	Office held
Date 04/23/2003	Payee name Jerry Rickhoff - Bexar County Clerk Payee address; City; State; Zip Code 100 Dolorosa San Antonio TX 78205			Amount (\$) 11.25
Purpose of ex information red Early Voter L		Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH * lame Office sought	Office held
Date 04/07/2003	Payee name La Prensa Payee address; City; State; Zip Code P.O. Box 830768 San Antonio TX 78283			Amount (\$) 260.00
Purpose of ex information red Advertising	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH * name Office sought	

Austin, Texas 78711-2070

The Instruction Guide explains how to complete this form. 2 FILER NAME Mr. Richard Perez 3 ACCOUNT # (Exa Commission Revo) 1920 4 Date 5 Payee name	POLITI	CAL EXPENDITURES	RECEIVED CITY OF SAN AN CITY CLER 2003 APR 24 PM		SCHEDUI	E F
Mr. Richard Perez 4 Date	The Instruction	ON GUIDE explains how to complete this form.	- AND ALK 24 PM	Total pages 8/13	report:	
O4/14/2003 La Prensa City: State: Zip Code P.O. Box 830768 San Antonio TX 78283 8 Purpose of expenditure (See instructions regarding type of information required.) Advertising Payee name O4/17/2003 Office Depot Payee address: City: State: Zip Code 2321 SW Military Dr. San Antonio TX 78224 Purpose of expenditure (See instructions regarding type of information required.) Copies & Office Supplies Complete if direct expenditure to benefit C/OH ** Candidate / Office/holder name Office Supplies Complete if direct expenditure to benefit C/OH ** Candidate / Office/holder name Office Supplies Office Supplies Complete if direct expenditure to benefit C/OH ** Candidate / Office/holder name Office Supplies Complete if direct expenditure to benefit C/OH ** Candidate / Office/holder name Office Supplies Complete if direct expenditure to benefit C/OH ** Candidate / Office/holder name Office supplies Complete if direct expenditure to benefit C/OH ** Candidate / Office/holder name Office supplies Complete if direct expenditure to benefit C/OH ** Candidate / Office/holder name Office supplies Date Purpose of expenditure (See instructions regarding type of information required.) Reirnbursement for Drinks and Tamales for Get Out t - he Vote Function Amount (S) Office held Complete if direct expenditure to benefit C/OH ** Candidate / Office/holder name Office supplies Amount (S) Office held					T # (Ethics Commission fi	ilers)
Date Payee name (\$) Office Depot (\$) Payee address; City; State; Zip Code 2321 SW Military Dr. San Antonio TX 78224 Purpose of expenditure (See instructions regarding type of information required.) Copies & Office Supplies Date Payee name (\$) Office Supplies Amount (\$) Candidate / Officeholder name Office sought (\$) Office sought (\$) Payee address; City; State; Zip Code 15135 Herring Rd. Atascosa TX 78002 Purpose of expenditure (See instructions regarding type of information required.) Reirnburserment for Drinks and Tarnales for Get Out the Vote Function Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name (\$) Complete if direct expenditure to benefit	04/14/2003 8 Purpose of exinformation re-	La Prensa 6 Payee address; City; State; Zip Code P.O. Box 830768 San Antonio TX 78283 penditure (See instructions regarding type of			(\$) 500 sfit C/OH **	0.00
O4/17/2003 Office Depot Payee address; City; State; Zip Code 2321 SW Military Dr. San Antonio TX 78224 Purpose of expenditure (See instructions regarding type of information required.) Copies & Office Supplies Date Payee name O4/22/2003 Mr. Jose & Manuela Perez Payee address; City; State; Zip Code 15135 Herring Rd. Atascosa TX 78002 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Drinks and Tamales for Get Out the Vote Function Date Payee name O4/16/2003 Mr. Jose Perez (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Amount Candidate / Officeholder name Office sought Office held Office held Amount (\$) Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Office held Officeholder name Office sought Office held Officeholder name Office sought Office held					r	
information required.) Copies & Office Supplies Date Payee name O4/22/2003 Mr. Jose & Manuela Perez Payee address; City; State; Zip Code 15135 Herring Rd. Atascosa TX 78002 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Drinks and Tamales for Get Out the Vote Function Date Payee name O4/16/2003 Mr. Jose Perez Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held Amount (\$) 190.00		Office Depot Payee address; City; State; Zip Code 2321 SW Military Dr.			(\$)	
O4/22/2003 Mr. Jose & Manuela Perez Payee address; City; State; Zip Code 15135 Herring Rd. Atascosa TX 78002 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Drinks and Tamales for Get Out the Vote Function Date Payee name O4/16/2003 Mr. Jose Perez O(5) Complete if direct expenditure to benefit C/OH Candidate / Office hold office sought Office held (\$) Amount (\$) (\$)	information re	quired.)				e held
information required.) Reimbursement for Drinks and Tamales for Get Out the Vote Function Date Payee name 04/16/2003 Mr. Jose Perez Candidate / Office hold Office hold Office sought Office hold O		Mr. Jose & Manuela Perez Payee address; City; State; Zip Code 15135 Herring Rd.			(\$)	
04/16/2003 Mr. Jose Perez (\$) 190.00	information re Reimbursen	quired.) nent for Drinks and Tamales for Get Out t -	Complete if direct exp Candidate / Officeholder	penditure to beni name	efit C/OH ** Office sought Office	e heid
04/16/2003 Mr. Jose Perez 190.00	Date	Payee name			1	nt
Payee address; City; State; Zip Code 6114 Windy Forest San Antonio TX 78239	04/16/2003	Payee address; City; State; Zip Code 6114 Windy Forest				0.00
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Mariachis Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	information re	equired.)				e held

Texas Ethics Commission

POLITI	CAL EXPENDITURES CITY OF	YCLERK		SCHEDULE F
	2003 APR	24 PM 12: 02		
The Instruction	אכ Guide explains how to complete this form.		1 Total pages repo	rt:
2 FILER NAME Mr. Richard			3 ACCOUNT# 1920	(Ethics Commission filers)
4 Date 04/22/2003 8 Purpose of exinformation recognitions	5 Payee name Mr. Jose Perez 6 Payee address; City; State; Zip Code 6114 Windy Forest San Antonio TX 78239 penditure (See instructions regarding type of putied.)	Complete if direct exp Candidate / Officeholder re		Amount (\$) 118.24
	ent for Admin Supplies	Garadas / Ontonida /		
Date 04/16/2003	Payee name Royal Palace Ballroom Payee address; City; State; Zip Code 3506 SW Military Dr. San Antonio TX 78211			Amount (\$) 75.00
information re	penditure (See instructions regarding type of quired.) lub Donation	Complete if direct exp Candidate / Officeholder	penditure to benefit (name Office	C/OH · · · sought Office held
Date 04/05/2003	Payee name San Antonio News Payee address; City; State; Zip Code P.O. Box 240022 San Antonio TX 78224			Amount (\$) 200.00
Purpose of exinformation re Advertising	openditure (See instructions regarding type of equired.)	Complete if direct exp Candidate / Officeholder		C/OH ** e sought Office held
Date 04/12/2003	Payee name San Antonio News Payee address; City; State; Zip Code P.O. Box 240022 San Antonio TX 78224			Amount (\$) 200.00
Purpose of ex information re Advertising	kpenditure (See instructions regarding type of equired.)	Complete if direct ex Candidate / Officeholder		C/OH ** e sought Office held

		2003 APR 24 PM I		
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages repor	t:
FILER NAMI Mr. Richard			3 ACCOUNT# 1920	(Ethics Commission filers)
Date	5 Payee name		7	Amount (\$)
04/10/2003	SilkScreen Station			323.64
	6 Payee address; City; State; Zip Cod			
	925 Creekview Dr.			
	San Antonio TX 78219			
Purpose of ex information re T-Shirts	penditure (See instructions regarding type of quired.)	9 Complete if direct ex Candidate / Officeholde	kpenditure to benefit C or name Office	/OH "" sought Office held
Date	Payee name			Amount
04/23/2003	SilkScreen Station			(\$) 453.09
	Payee address; City; State; Zip Coo			
	925 Creekview Dr.			
	San Antonio TX 78219			
Purpose of exinformation re Yard Signs	penditure (See instructions regarding type of equired.)	Complete if direct e Candidate / Officeholde	xpenditure to benefit C er name Office	/OH · · sought Office held
Date	Payee name			Amount
04/17/2003	Southside Reporter			(\$) 511.92
	Payee address; City; State; Zip Co.	ie		
	2203 South Hackberry			
	San Antonio TX 78210			
Purpose of elinformation re Advertising	xpenditure (See instructions regarding type of equired.)	Complete if direct e Candidate / Officehold	expenditure to benefit C er name Office	C/OH ** c sought Office held
Date	Payee name			Amount
04/23/2003	Mrs. Cynthia Test			(\$) 400.00
	Payee address; City; State; Zip Co	de		
	2334 Cincinnati			
			I	
	San Antonio TX 78228		l	

POLITI	CAL EXPENDITURES	2003 APR 24	PM 12: 03	SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages re	port:
2 FILER NAME Mr. Richard			3 ACCOUNT 1920	# (Ethics Commission filers)
4 Date 04/17/2003	5 Payee name US Postal Service 6 Payee address; City; State; Zip Code 7411 Barlite San Antonio TX 78224			(\$) 1798.30
8 Purpose of ex information red Postage	penditure (See instructions regarding type of quired.)	9 Complete if direct ex Candidate / Officeholder	penditure to benefi name Of	t C/OH ** ice sought Office held

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE G

The Instruction	W GUIDE explains how to complete this form.	Cotal pages report: 12/13		
FILER NAME		3 ACCOUNT# 1920	(Ethics Co	mmission filers)
Date 04/04/2003	5 Payee name Mr. Richard Perez 6 Payee address; City; State; Zip Code 9302 Conde Dr. San Antonio TX 78224 7 Purpose of expenditure (See instructions regarding type of information red Blockwalking effort	uired.)	8	Amount (\$) 453.00 Reimbursement from political contributions intended
Date 04/07/2003	Payee name Mr. Richard Perez Payee address; City; State; Zip Code 9302 Conde Dr. San Antonio TX 78224 Purpose of expenditure (See instructions regarding type of information red Meals & Beverages for Campaign Personnel & Staff	quired.)	\mathbf{x}	Amount (\$) 459.65 Reimbursement from political contributions intended
Date 04/16/2003	Payee name Mr. Richard Perez Payee address; City; State; Zip Code 9302 Conde Dr. San Antonio TX 78224 Purpose of expenditure (See instructions regarding type of information red Blockwalking effort,vehicles,and fuel	quired.)	IX.	Amount (\$) 849.00 Reimbursement from political contributions intended

Texas Ethics Con	nmission P.O.Box 12070	Austin, Texas 78711-2070	(512)463-	<u>-5800 1-800-325-8506</u>
CREDIT	ΓS (optional) c	RECEIVED HTY OF SAN ANTONIO CITY CLERK		SCHEDULE K
		nna 408 24 PM 12: 03		
The Instruction	ON GUIDE explains how to complete th	IIII J MI II m	1 Total pages report: 13/13	
2 FILER NAME Mr. Richard			3 ACCOUNT # 1920	(Ethics Commission filers)
4 Date	5 Payor name			8 Amount
04/23/2003	Mrs. Cynthia Test			(\$)
:				150.00
	6 Payor address; City; S 2334 Cincinnati	State; Zip Code		
	San Antonio TX 78228		1	
	7 Reason for credit	for unused portion of expenditure fo on 03/05/2003	r Bexar County Ele	-
I				